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CONFIRMATION NO. 4293

SERIAL NUMBER 10/710,294	FILING DATE 06/30/2004  RULE	CLASS 342	GROUP ART UNIT 3662	ATTORNEY DOCKET NO. F-871
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APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/521,613 06/06/2004  
 and claims benefit of 60/521,747 06/29/2004 \*  
 (\*)Data provided by applicant is not consistent with PTO records. *By*

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

*NONE* *By*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED  
 \*\* 08/02/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CT	SHEETS DRAWING 4	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	EXAMINER'S SIGNATURE <i>[Signature]</i>	INITIALS <i>[Initials]</i>		

ADDRESS  
 919  
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TITLE  
 METHOD AND SYSTEM FOR DETERMINING LOCATION BY IMPLICATION

<input type="checkbox"/> All Fees
<input type="checkbox"/> 1.16 Fees ( Filing )

<p>FILING FEE</p> <p>RECEIVED</p> <p>900</p>	<p>FEES: Authority has been given in Paper</p> <p>No. _____ to charge/credit DEPOSIT ACCOUNT</p> <p>No. _____ for following:</p>	<p><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</p> <p><input type="checkbox"/> 1.18 Fees ( Issue )</p> <p><input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Credit</p>
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